

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000824

FILED
Jan 22, 2008
Secretary of State

Entity Name: LEVEL 3 COMMUNICATIONS, LLC

Current Principal Place of Business:

1025 ELDORADO BLVD.
BROOMFIELD, CO 80021

New Principal Place of Business:

Current Mailing Address:

1025 ELDORADO BLVD.
BROOMFIELD, CO 80021

New Mailing Address:

FEI Number: 47-0807040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'HARA, KEVIN J
Address: 1025 ELDORADO BLVD.
City-St-Zip: BROOMFIELD, CO 80021

Title: MGR () Delete
Name: WATERS, JOHN F JR
Address: 1025 ELDORADO BLVD.
City-St-Zip: BROOMFIELD, CO 80021

Title: MGR () Delete
Name: STORTZ, THOMAS C
Address: 1025 ELDORADO BLVD.
City-St-Zip: BROOMFIELD, CO 80021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CROWE, JAMES Q
Address: 1025 ELDORADO BLVD.
City-St-Zip: BROOMFIELD, CO 80021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS C. STORTZ

MGR

01/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date